

Attachment E

Special Project: Primary Angioplasty Hospital Reporting Procedures

Telephone Reporting:

- A. Hospitals participating in the “Special Project: Primary Angioplasty” must immediately (within 24 hours of the event or on the first business day following the event) report the following events to the Department by telephone:
1. Death within 24 hours of the cardiac catheterization procedure or hospital discharge.
 - a. *Cardiac death* is defined as death due to any of the following:
 1. Acute myocardial infarction;
 2. Cardiac perforation/pericardial tamponade;
 3. Arrhythmia or conduction abnormality;
 4. Cerebrovascular accident related to, or suspected of being related to, the cardiac catheterization procedure;
 5. Death due to complication of the procedure including bleeding, vascular repair, transfusion reaction, or bypass surgery; or
 6. Any death in which a cardiac cause could not be excluded.
 - b. *Non-cardiac death* is defined as a death not due to cardiac causes (as defined above).
 2. Cerebrovascular accident. This is defined as acute neurological deficits recorded by clinical staff that persisted >24 hours. Report if these events occurred:
 - a. during the index catheterization;
 - b. during the index hospitalization
 3. Emergency CABG within 24 hours of procedure or hospital discharge
“Emergency” is defined as a sudden and often life-threatening mishap that arises in the course of and ***as a result of*** the performance of a cardiac catheterization and/or angioplasty procedure. This does not include patients either transferred directly from the cardiac catheterization procedure room or taken within 24 hours to the operating room for surgical correction of emergent/life threatening cardiac disease.
 4. Shock within 24 hours of procedure or hospital discharge.
- B. Calls should be directed to:
Maureen Foley at (617) 753- 8178 or
Nancy Murphy at (617) 753- 8120

Written Reporting:

- A. Hospitals participating in the “Special Project: Primary Angioplasty” must report in writing within 7 days any of the following events:
1. Cerebrovascular accident. This is defined as acute neurological deficits recorded by clinical staff that persisted >24 hours. Report if these events occurred within 30 days after the catheterization but not clearly related to procedure.
 2. Any intracranial bleed within 30 days of the cardiac catheterization procedure.
 3. Recurrent Q wave or Non-Q wave MI during the index hospitalization.
 4. Vascular complications which occur within 24 hours of the cardiac catheterization procedure or hospital discharge. These are defined as:
 - a. Hematoma > 4 cm
 - b. Retroperitoneal bleed
 - c. False aneurysm
 - d. AV fistula
 - e. Peripheral ischemic /nerve injury
 - f. Hemolysis and hemolytic anemia.
- B. The Department urges hospitals to provide such reports via facsimile. Written reports should contain the same information as telephone reports. These should either be faxed to (617) 753-8096 or mailed to:

Department of Public Health
Division of Health Care Quality
Attn: Maureen Foley
10 West Street, 5th Floor
Boston, MA 02111

Information to be reported:

The following information should be included in reporting any of the above events:

- Hospital name.
- Name, title and phone number of the reporting individual.
- Date and time of the event.
- Patient information to include: name, age, sex, date admitted and procedures performed (e.g., cardiac catheterization, angioplasty).
- Type of event.
- The nature of the harm and the body part affected.
- A brief description of the event.
- Any equipment or safety devices in use.
- A brief description of corrective action taken.
- Whether the patient’s family and physician were notified, and the physician’s name.

The Department retains the authority to request additional information from the facility, either verbally or in writing.

Nothing reported herein should be construed as absolving the hospital of its reporting obligations to the Board of Registration in Medicine under M.G.L. c.111§ 203.